

ADMINISTRATIVE POLICY 3-13: LEAVE TRANSFER

SUBJECT: Leave Transfer

PURPOSE: To establish procedures for a leave transfer program for General Employees.

BACKGROUND: Chapter 17 of the Lawton City Code authorizes the City Manager to establish a leave transfer program for the purpose of assisting general employees facing serious health conditions that may require prolonged absence from the workplace. Accordingly, this policy establishes a voluntary leave transfer program wherein a covered employee may donate annual vacation leave *directly* to another employee who has a serious personal or family medical emergency. Said donated leave can be pledged and transferred from individual employees to a specific employee who has been designated as a leave transfer recipient. However, any unused pledged/donated leave must be returned to the leave donor(s) when the medical emergency ends.

PROCEDURES:

1. Definitions

- a. Leave transfer means the record keeping system established by the Human Resources Department to account for donation and use of leave transfer pledges.
- b. Leave recipient means a regular employee or regular part-time employee whom the City Manager has approved an application to receive leave from other employees.
- c. Pledge/donation means the amount of vacation leave an employee is willing to donate to a leave recipient.
- d. Pledger means a regular employee or regular part-time employee, who has submitted a request form authorizing a transfer of vacation leave to a specific leave recipient.
- e. Serious Health Condition/medical emergency "An unexpected serious, major, catastrophic, or life-threatening medical condition is a period of incapacity requiring the employee to be medically unable to work for a period of seven (7) days or more. The medical condition includes continuing treatment or supervision by a health care provider or continuing treatment of a chronic or long-term health condition. The employee or his or her immediate family, as defined in Chapter 17 of the Lawton City Code must be suffering from a major or severe illness, injury,

impairment, or physical or mental condition which has caused, or is likely to cause, the employee to take extensive personal leave or leave without pay.

f. Leave transfer status means the administrative status while the employee is using pledged/donated vacation leave from other employees.

2. Applications

a. An employee who has been affected by a serious health condition may submit an application form to the employee's immediate supervisor to become a leave transfer recipient. Employees incapable of filling out the application form may designate an employee of the same division or a family member to fill out the form on his or her behalf. However, prior to making such an application, written authorization must be obtained from a member of the incapacitated employee's immediate family, or from a person legally designated to act on the employee's behalf.

b. The application must include a time frame for which transferred leave will be needed. Said time frame cannot exceed 12 weeks (i.e. 480 hours) and will be the only time frame in which donated leave will be utilized once all other criteria are met.

c. The application form must be completely filled out to be considered and must be dated and signed by the applicant or an employee or other person filing and acting on the employee's behalf. Appropriate medical documentation (i.e., doctor's report, diagnosis, prognosis, x-rays, lab reports) may be included.

3. Review Procedures

a. All applications for leave transfer will require a recommendation for either approval or denial by the employee's immediate supervisor with an explanation for the reason to approve or deny. The application will then be forwarded through the division supervisor and department director both of whom shall sign the application and check whether they concur or not concur and may comment as to the reason(s). The Human Resources Director, upon receipt of the application, shall verify employee information and make a recommendation as to approve or deny. The application will then go to the City Manager for final approval or denial.

b. The applicant will normally be notified of the actions of the City Manager by the Human Resources Director within five (5) business days after the request form is approved or denied by the City Manager.

c. Final action may be delayed pending additional documentation as may be required by this policy or the City Manager (i.e., second opinion on medical condition).

d. If denied, the reasons for denial will be provided in writing to the applicant.

e. Approved applications will be processed through the Human Resources Department for action and filing.

4. Criteria for the use of leave transfer.

The following criteria shall be used to determine approval of applications for leave transfer use:

a. The eligible applicant employee must have been employed by the city for the previous twelve (12) consecutive months. Regular full-time employees must have performed at least 1,250 hours of service during that time, excluding vacation and sick leave hours. Regular part-time employees must have performed at least 1,000 hours of service during that time, excluding vacation and sick leave hours. This information shall be verified by the employee's supervisor prior to forwarding the application/request to Human Resources.

b. The City Manager must be satisfied that the applicant did not abuse or unwisely use leave time during prior years of employment.

c. Employees will only be allowed to use leave that was pledged/donated directly to them by other city employees after they have either utilized a minimum of 40 consecutive hours of their own personal leave toward the medical emergency; or in the event they have exhausted all paid time off and have a zero balance of all personal leave.

5. Donation of leave

a. Pledging and/or donating leave may be accomplished by contacting the Human Resources Department and completing a "Donor's Application to Pledge Leave" form.

b. The completed form will be sent to the Human Resources Department for processing and filing.

c. All pledges and/or donations of leave will be made to a specific employee of the donors choosing.

d. Types of leave which may be donated are restricted to accrued vacation. Employees may pledge/donate a maximum of forty (40) hours of leave to any one (1) employee within a twelve (12) month period. After deduction of pledged hours, donors must maintain at least 25% of their annual accrual rate.

e. In the event more than one employee pledges/donates leave to a specific employee, donations will be taken from each Pledger in hourly increments equal to 1 shift of the receiving employee or combined with another Pledger if less than 1 shift is pledged. Donations shall be used from the donors in the following manner, until each group's donations have been exhausted:

1. Receiving employee's Division
2. Receiving employee's Department
3. The rest of the city employees

All employees that pledged time will have 1 shift of time taken from their pledged time before a 2nd day is taken from the same Pledger within the same group listed above.

f. Pledged leave will not be deducted from an employee's accrued vacation balance until such time that it is transferred to the recipient.

1. Transfer of pledged leave will be considered to have occurred on the day/shift needed.
2. Should an employee pledge 40 hours of leave during one fiscal year and the leave is not actually taken, or partially taken, during the next fiscal year, the leave will be deducted from the vacation balance of the fiscal year it was used.

a. Example:

- i. 40 hours of leave pledged to employee A by Employee B
 - ii. Employee A uses 40 hours of Employee B's pledge on June 29th – July 3rd, 2020.
 - iii. 16 hours would be deducted from 2019-2020 fiscal year and 24 hours would be deducted from 2020-2021 fiscal year.
3. The possibility does exist that an employee may lose hours from the current fiscal year if the pledged hours are in excess of the leave cap and said hours are not used by the use or lose date.

g. Employees that pledge and donate time to another City of Lawton employee may not be eligible to receive donated time from any employee for six (6) months after their last donation. Exceptions to this rule will be evaluated on a case by case basis and will require City Manager approval.

h. All employees within city employment may pledge and donate hours to any employee within the city, regardless of which employee group they belong. However, depending on the receiving employees shift hours, there may be a difference in the number of hours per shift (the City of Lawton currently employees, 4, 5, 6, 8, 9, 10 and 24 hours employees).

6. Limitations for individual recipient. The amount of leave which an individual recipient may receive shall be limited to four hundred and eighty (480) hours per fiscal year, however, additional hours may be granted by the City Manager upon the receipt of a recommendation from a qualified treating physician.

7. Monitoring. The leave recipient's immediate supervisor is responsible for monitoring the serious health condition of a leave recipient assigned to him or her. While the extent of the monitoring will be determined on a case-by-case basis, as a minimum, the supervisor will communicate with the leave recipient (or someone acting on behalf of the leave recipient) at least once during each pay period to ascertain the status of the employee. The supervisor shall then forward written documentation of the recipient's status to the Human Resources Director. Medical documentation may be requested to determine that the serious health condition continues to exist.

8. Termination of eligibility

a. Use of transferred leave will terminate when one or more of the following occurs:

- (1) The leave recipient's employment is terminated;
- (2) The leave recipient retires from city employment;
- (3) The leave recipient's immediate supervisor receives notice that the recipient is no longer affected by a serious health condition; or
- (4) There is insufficient pledged leave left.
- (5) The employee returns to work.

NOTE: Under no circumstance shall an employee be allowed to knowingly utilize pledged/donated leave to extend their employment for purposes of reaching a retirement date and/or once they have established, they will not return to work.

b. When the supervisor receives information that the serious health condition has ended, the supervisor will immediately notify the Human Resources Department by telephone and will follow up that notice in writing no later than the next day business day.

10. Prohibition of Coercion. No employee or supervisor shall directly or indirectly intimidate, threaten, or coerce any employee for the purpose of interfering with any right such employee may have with respect to participation or non-participation in the leave transfer program.

NOTE: This policy as previously written established a "leave bank" wherein employees were formerly allowed to donate leave at their discretion for use by other employees on an as needed basis with proper administrative approval. As of the time this revision becomes effective, said leave bank balance is 2,450.3587 hours. These hours will be utilized prior to receiving any pledged leave on a first come first serve basis as approved by the criteria set forth in this policy and will not be replaced once exhausted.

REFERENCE: Chapter 17, Lawton City Code, 1995, as amended.

RESPONSIBLE DEPARTMENT: Human Resources



Michael Cleghorn, City Manager

EFFECTIVE DATE/February 1st, 2020

City Of Lawton
Donor's Application to Pledge Leave

Part A. For completion by the Donor

Name: _____ Work Telephone: _____

Department: _____ Position: _____

I request approval to pledge _____ hours from my accrued vacation leave account to:

Name: _____

Department: _____

I agree and understand that my donation is voluntary and comes from my vacation leave balance and that, after my donation, the balance must be at least 25% of its annual accrual rate. I am aware if all criteria are not met, there will be no action taken on my application and no deduction from my vacation leave account. I also agree and understand that leave will be donated in hourly increments equal to the receiving employee's normal workday hours. Further, I understand that I may not be able to request leave from other employees for a period of twelve (12) months following my donation.

Signature _____ Date _____
(applicant or authorized representative)

Part B. For completion by the Director of Human Resources

I hereby certify that the Pledger:

- ☐ Has an Employee Number of: _____
- ☐ Has a City of Lawton service date of: _____
- ☐ Is a 12-month employee who holds a regular position which accrues sick and vacation leave
- ☐ Has _____ vacation leave hours on the _____ day of _____, 20____. And
- ☐ Shall have a vacation leave balance, after the deduction of the pledged hours, of at least 25% of the Pledger's annual accrual rate.

Signature _____ Date _____

Part C: For completion by the City Manager.

The request to voluntarily donate leave has been reviewed and the following action taken.

- ☐ Be Approved because: _____
- ☐ Denied because: _____

Signature _____ Date _____

CITY OF LAWTON
Recipient's Application for Leave Transfer

Part A. For completion by the Applicant

Name: _____ Work Telephone: _____

Department: _____ Position: _____

I am requesting leave transfer due to a serious condition that prevents me from attending to my work, as follows:

I need leave from the _____ day of _____, 20__ until _____ which = _____ hours.

I have read and understand, or I have had an opportunity to read and understand, the leave transfer policy, and I will comply with the policy. I understand and agree that I cannot lawfully use and will not use leave transfer if any other form of payment for the period is available and that I cannot and will not accept leave transfer except for such periods of time for which I would otherwise be unpaid. I understand that documentation from my attending physician may be required.

Signature _____ Date _____
(applicant or authorized representative)

Part B. For completion by the Supervisor

I am the applicant's Supervisor, and I acknowledge that I am aware of the applicant's request by this application and hereby certify that the applicant:

- ☐ Has an overall rating of at least demonstrating competence on the last performance evaluation on file;
- ☐ Has had no negative disciplinary actions during the last twelve months greater than a Written Reprimand;
- ☐ Does not have a history of using leave excessively;
- ☐ Has performed at least 1,250 hours of service during the past 12 months; and
- ☐ Is eligible for and can effectively use this leave, to the best of my knowledge and belief.

Based on this and any other knowledge of which I may be aware, I recommend this application:

- ☐ Be Approved because _____
- ☐ Be Denied because _____

Supervisor :		Date :	
Division Supervisor :		I Concur	I Do Not Concur
Department Director :		I Concur	I Do Not Concur

Comments : _____

Part C. For completion by the Director of Human Resources

I hereby certify that the applicant:

- ☐ Has an Employee Number of: _____ ;
- ☐ Has a City of Lawton Service Date of: _____ ;
- ☐ Has at least twelve consecutive months of regular employment immediately preceding today's date;
- ☐ Is a full-time or part-time employee who holds a regular position and accrues vacation and sick leave; and
- ☐ Had _____ Sick leave hours, _____ Flex hours, _____ Comp hours, and _____ Vacation hours as of _____

Recommendation: _____

Signature _____ Date _____

Part D: For completion by the City Manager

The request for Leave Transfer Usage has been reviewed and the following action taken.

- ☐ Be Approved
- ☐ Be Denied because _____

Signature _____ Date _____